

**HOME AND COMMUNITY BASED SERVICES
LETTER OF NOTIFICATION**

TO:	Name & Address	FROM:	Name, Address & Phone Number
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You are being discharged effective _____ from the Home & Community Based Services program:

- ☐ A. per your request.
- ☐ B. because of nursing facility or hospital placement.
- ☐ C. because your temporary placement has expired (year end funds, temporary level of care authorization expired, one time service)
- ☐ F. other: _____

If you were terminated for reason "F", a Community Program Officer with Addictive and Mental Disorders has been consulted.

Legal Basis for Action: ARM 37.40.1426
42 CFR Part 431 Subpart E

If you have any questions regarding this action or if there are additional facts relating to your circumstances which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you in person. **(PLEASE READ THE REVERSE SIDE OF THIS NOTICE FOR YOUR FAIR HEARING RIGHTS).**

Name

Case Management Team

(Date)

Community Program Officer

(Date)

REQUEST FOR FAIR HEARING

I request a fair hearing for these reasons: _____

I have an attorney: ☐ YES ☐ NO My attorney's name is: _____

Attorney's address: _____

Attorney's phone number: _____

(Claimant or Authorized Representative)

(Phone)

(Date)

To request a fair hearing complete, sign and mail the white copy of this notice to: Hearing Office, P.O. Box 202951, Helena, MT 59604.

IMPORTANT

If you disagree with the determination stated on this form you may request a fair hearing before a hearing officer of the Board of Public Assistance.

Under certain circumstances you may continue to receive services during the period of your appeal. A request for continuation of services must be made prior to the date given in the notice of the change in, or termination of, your services. If you are interested in continuing to receive services during the period of your appeal, you must contact one of the community program officers listed below immediately to request continuation of services.

A request for fair hearing must be made in writing within 90 days of the mailing date of this notice. You may use the "Request for Fair Hearing" section on the front section of this form to make your request. A request for fair hearing must be directed to:

Hearing Officer
P.O. Box 202951
Helena, MT 59620

If you need assistance in preparing a request for fair hearing you may contact one of the community program officers listed below.

Prior to the fair hearing, a program officer for the Department will conduct an administrative review of the matters which you are appealing. The administrative review is an opportunity for you to informally present your case and for the Department to reconsider the matters that you are appealing.

The fair hearing is a process in which the parties formally present their legal arguments and evidence in support of their positions on the matters at issue. The decision of the hearing officer is made based on the evidence presented at hearing and upon the governing federal and state laws, regulations and policies. The decision of the hearing officer may be appealed to the Board of Public Assistance. The Board of Public Assistance reviews the matters at issue as presented before the hearing officer. This appeal does not involve another hearing. The decision of the hearing officer or the Board of Public Assistance resolves the matters at issue and is binding upon the parties unless an appeal is made to state district court.

COMMUNITY PROGRAM OFFICERS

Community Program Officer
2121 Rosebud Dr, Ste D
Billings, MT 59102
Phone: 655-7622
670-6910

Big Horn, Carbon, Sweet Grass,
Stillwater, Yellowstone

Community Program Officer
201 1st Street S
Ste 3, Room 165
Great Falls, MT 59405
Phone: 454-6078
788-8167

Blaine, Cascade, Choteau, Fergus,
Glacier, Hill, Liberty, Pondera.
Teton, Toole, Phillips, and
Lewis and Clark

Community Program Officer
305 Mercury St, Room 401
Butte, MT 59701
Phone: 782-2579
498-7358

Beaverhead, Deer Lodge,
Granite, Silver Bow, Powell

Community Program Officer
2985 Palmer, STE G
Missoula, MT 59808
Phone: 329-1610
241-7369

Missoula